



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: SURGICAL INSTRUMENT AND
METHOD
Attorney Docket Number:: 239570US 25 CONT
Total Drawing Sheets:: 59

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Kimberly
Middle Name::	A.
Family Name::	Anderson
City of Residence::	Eagan
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of Mailing Address::	c/o American Medical Systems 10700 Bren Road West
City of Mailing Address::	Minnetonka
State or Province of Mailing Address::	Minnesota
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	55343

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Germany
Status:: FULL CAPACITY
Given Name:: Johann
Middle Name:: J.
Family Name:: Neisz
City of Residence:: Coon Rapids
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren Road West
City of Mailing Address:: Minnetonka
State or Province of Mailing Address:: Minnesota
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55343

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Gary
Middle Name:: A.
Family Name:: Rocheleau
City of Residence:: Maple Grove
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren Road West
City of Mailing Address:: Minnetonka
State or Province of Mailing Address:: Minnesota
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55343

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: John
Middle Name:: W.
Family Name:: Westrum
Name Suffix:: Jr.
City of Residence:: Prior Lake
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren Road West
Minnetonka
City of Mailing Address:: Minnesota
State or Province of Mailing Address:: USA
Country of Mailing Address:: 55343
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: David
Middle Name:: R.
Family Name:: Staskin
City of Residence:: Boston
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren Road West
Minnetonka
City of Mailing Address:: Minnesota
State or Province of Mailing Address:: USA
Country of Mailing Address:: 55343
Postal or Zip Code of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

	Continuation of	09/917,445	07/27/01
09/917,445	Non-Provisional of	60/263,472	01/23/01
09/917,445	Non-Provisional of	60/269,829	02/20/01
09/917,445	Non-Provisional of	60/281,350	04/04/01
09/917,445	Non-Provisional of	60/295,068	06/01/01
09/917,445	Non-Provisional of	60/306,915	07/20/01

ASSIGNMENT INFORMATION

Assignee Name:: American Medical Systems
 Street of Mailing Address:: Office of Intellectual Property Counsel
 10700 Bren Road West
 City of Mailing Address:: Minnetonka
 State or Province of Mailing Address:: Minnesota
 Country of Mailing Address:: USA
 Postal or Zip Code of Mailing Address:: 55343